


## KNOW THE REQUIRED DC ONEAPP SUPPORTING DOCUMENTS

The DC OneApp Supporting Documents Checklist and Agreement is a required supporting document. This document must be printed from the online DC OneApp, completed, signed and submitted with an original signature.

**The DC OneApp Supporting Documents Checklist and Agreement must be mailed or hand delivered, to the OSSE, with an original signature**



DC Office of the  
State Superintendent  
of Education

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Applicant Name: \_\_\_\_\_  
(Please Print)

**DC ONEAPP SUPPORTING DOCUMENTS CHECKLIST AND AGREEMENT**

Below is a list of required supporting documents that can only be accepted upon submission of the web-based DC OneApp application. This Checklist must be signed and accompany the entire batch of supporting documents. All documents must be mailed or hand delivered to OSSE, at the same time, with this original signed and dated Checklist.

Review the Checklist and place a check mark beside each item you are submitting. At a minimum, applicants must provide documents for Domicile, the Application Forms, one current Utility Bill, Proof of High School Graduation (for new applicants) and a Student Aid Report.

**Domicile Verification (submit one)**

- ☐ Certified D-40 tax return
- ☐ Notarized Letter
- ☐ OTR Authorization Form verifies D-40 tax returns only, not D-40 extensions (available April 15<sup>th</sup> – August 29<sup>th</sup>)
- ☐ 12-month history of Retirement/Annuity Document
- ☐ 12-month history of Social Security Disability Income (SSDI) Document
- ☐ 12-month history of Social Security Income Document
- ☐ 12-month history of Temporary Assistance for Needy Families (TANF) Document
- ☐ 12-month history of Unemployment Benefits Document
- ☐ Ward of Court Letter
- ☐ 12-month history of Worker's Compensation Disability Document
- ☐ Veterans Administration

**Application Forms (submit all with original signatures)**

- ☐ DC OneApp Supporting Documents Checklist and Agreement
- ☐ Affirmation Statement
- ☐ Legal Disclaimer/Privacy of Student Records

**1 Current Utility Bill (less than 45 days old)**

- ☐ Bank Statement
- ☐ Mortgage Statement
- ☐ Pay Stub
- ☐ Utility Bill
- ☐ Official Utility Letter stating utilities are included in rent

**Immigration Documentation (submit one for applicant and parent if you or your parent's status is Eligible Non-citizen)**

- ☐ Alien Registration Receipt Form I-151/551
- ☐ Certificate of Citizenship/Naturalization
- ☐ INS Arrival-Departure Form I-94
- ☐ INS Form G8455
- ☐ Passport from another country with valid INS endorsement
- ☐ Permanent Residence Card
- ☐ Status Letter from INS
- ☐ US Birth Certificate
- ☐ US Certificate of Birth Abroad
- ☐ US Passport

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**All DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.**



Proof of High School Graduation (submit one only if you are a first-time applicant)

- ☐ GED Certificate
- ☐ High School Diploma
- ☐ High School SAP Form
- ☐ Final High School/Standard College Transcript
- ☐ College Acceptance Letter

Student Aid Report (the Department of Education will send you this report after you complete the FAFSA. You will receive the report by e-mail or by US Postal mail)

- ☐ PDF Version (for online FAFSA completion)
- ☐ Paper Copy you receive in the mail

Adoption (only if applying for the Adoption Scholarship)  
☐ Adoption Decree

September 11 (only if applying for the Adoption Scholarship)  
☐ Copy of Parent/legal guardian Death Certificate

Review and confirm each statement is true with a check mark.

- ☐ I understand that my online DC OneApp must be submitted prior to mailing or delivering my DC OneApp Supporting Documents.
- ☐ I understand that my documents will only be accepted if all required documents are submitted at the same time and with this signed and dated checklist.
- ☐ I understand that the deadline for submitting all documents is June 30<sup>th</sup> and that my application will be placed on the Wait List after June 30<sup>th</sup>.
- ☐ I have made duplicate copies of the documents for my records and I understand that the all documents will be returned to me via regular U.S. Postal Mail if I do not follow the instructions outlined above.
- ☐ I understand that the OSSE will not be responsible for documents that are lost in the mail and that faxes are not accepted.

\_\_\_\_\_  
Name  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Relationship to Applicant

- |  |   |
|--|---|
| <input type="checkbox"/> Self                  | <input type="checkbox"/> Mentor           |
| <input type="checkbox"/> Parent/Legal Guardian | <input type="checkbox"/> Friend           |
| <input type="checkbox"/> Uncle/Aunt            | <input type="checkbox"/> School Counselor |

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**DC OneApp Deadline June 30<sup>th</sup>**

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**All DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.**

The **Affirmation/Legal Disclaimer Statement** is a required supporting document. This document can be printed from the online DC OneApp. This document must be thoroughly read, signed and mailed or hand delivered, to the OSSE, with original signatures (for dependent applicants a parent/legal guardian signature is required on the Affirmation Statement).

**The Affirmation/Legal Disclaimer Statements must be mailed or hand delivered, to the OSSE, with original signatures**



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**DC OneApp Online Application**

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**2008-2009 AFFIRMATION STATEMENT**

Print

**Student Information**

SSN:	Program(s) applied for:	
First Name:	Last Name:	MI:

All applicants and parents, guardians or spouse of dependent applicants must sign and date this affirmation statement even if a certified D-40 is not required.

I do hereby affirm the following:

1. I am domiciled in the District of Columbia and it is my intention to continue to be domiciled in the District of Columbia;
2. I have not received my first undergraduate baccalaureate degree;
3. I am not in default on any loan made or guaranteed under Title IV of the Higher Education Act of 1965, and do not owe a refund on funds previously received under such Title or I have made satisfactory arrangements for repayment;
4. If I am a male 18-25 years of age, I have registered with the Selective Service;
5. All information provided on this form and the attachments are accurate, complete and true to the best of my knowledge; and,
6. I understand that knowingly providing false information may disqualify my DC OneApp from consideration and will make me subject to criminal and other penalties in accordance with federal and District of Columbia laws.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

The parent/legal guardian, of dependent applicants must sign this affirmation statement even if they have not or will not be required to submit a DC tax return (D-40).

I do hereby affirm that domicile of the applicant may be established through me because:

1. I am the applicant's parent/legal guardian, other person that provides more than 50 percent of the applicant's financial support;
2. I am domiciled in the District of Columbia and it is my intention to continue to be domiciled in the District of Columbia; and,
3. I am a parent/legal guardian, dependent applicant and I have attached a certified copy of my DC tax return (D-40) with a Schedule S that reflects the applicant as my dependent for all qualifying years.

**All DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.**

or

4. I am a parent/legal guardian, dependent applicant and I am not required to file a DC tax return (D-40). I have attached official agency letters reflecting receipt of public assistance, TANF, social security, unemployment, veterans' administration, and/or disability benefits.

Parent's/Legal Guardian's Signature

Date

By signing this application you agree, if asked, to provide information that will verify the accuracy of this completed application. This information may include your federal or state income tax returns. Also, you certify that you understand that a representative of the District of Columbia's Higher Education Financial Services (HEFS) has the authority to verify information reported on this application with the DC Office of Tax and Revenue and other federal or local agencies. If you purposely give false or misleading information, you may be subject to penalties or fines.

#### LEGAL DISCLAIMER

Information on the Privacy Act and Use of Your Social Security Number: HEFS uses the information that you provide on this form to determine if you are eligible to receive student financial aid. Sections 483 and 484 of the Higher Education Act of 1965, as amended, and Sections 3(f)(2) and 5(e)(2) of the District of Columbia College Access Act, as approved November 12, 1999, Pub. L. 106-99, as amended authorizes us to ask you and your parents these questions, and to collect and use your Social Security Number to verify your identity and retrieve any records to help us determine eligibility for this grant. We may request your Social Security Number again for these purposes.

#### Consent to Share Information for Limited Purpose:

Your signature below indicates your consent to our disclosure of "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of participation in our financial assistance programs.

Furthermore, your signature below indicates your consent to our disclosure of information you provide to third parties we have authorized to assist us in administering the programs for which you have applied through submission of this application. In addition, your signature below indicates your consent to our disclosure to your parent(s) or legal guardian(s) (if you are a minor), your spouse, colleges and universities to which you have applied for admission or in which you are enrolled, and local scholarship organizations. Pursuant to the Family Educational Rights and Privacy Act, (20 U.S.C. § 1232g; 34 CFR Part 99.41), your student records may be shared without consent, with the following parties or under the following conditions:

1. School officials with legitimate educational interest;
2. Other schools to which a student is transferring;
3. Specified officials for audit or evaluation purposes;

**All DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.**

4. Appropriate parties in connection with financial aid to a student;
5. Organizations conducting certain studies for or on behalf of the school;
6. Accrediting organizations;
7. To comply with a judicial order or lawfully issued subpoena;
8. Appropriate officials in cases of health and safety emergencies; and
9. State and local authorities, within a juvenile justice system, pursuant to specific state law.

**Legal Notice:**

I understand that by submitting this statement, I am giving the District of Columbia permission to verify this statement and that the information provided in this statement is true. Any person who knowingly supplies false information to a public official in connection with student residency verification shall be subject to charges of tuition retroactively, payment of a fine of not more than \$ 500, or imprisonment for not more than 90 days, or any combination thereof. The case of a person who knowingly supplies false information may be referred to the Office of the Attorney General for consideration for prosecution (DC Official Code §38-312).


Applicant's Signature

Date

**All DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.**

The **Satisfactory Academic Progress Toward Graduation Form (SAP)** can be used by current high school students who will be graduating but have not yet received their high school diploma. This form can be printed from the online DC OneApp and must be filled out, signed by the student and high school counselor and mailed or hand delivered, to the OSSE, with original signatures.

**The SAP Form must be mailed or hand delivered, to the OSSE, with original signatures**



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## SATISFACTORY ACADEMIC PROGRESS TOWARD GRADUATION FORM

**The student and high school counselor MUST sign at the bottom of this form.  
This form must be submitted to OSSE with original signatures.**

**Fax documents will not be accepted**

I do hereby affirm that the student listed on this form is expected to graduate from high school in the spring of 2008 or before. I also do hereby affirm that the information provided is accurate, complete, and true to the best of my knowledge, and that I understand that knowingly providing false information will make me subject to criminal and other penalties in accordance with Federal and District of Columbia laws.

**\*TO DO! Provide the student's name, current high school, social security number, date of birth and current address.**

**Student's Name:** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

\_\_\_\_\_  
Last Name First Middle Initial

**Current High School:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\_\_\_\_\_  
-19

**Student's Address:** \_\_\_\_\_

\_\_\_\_\_  
Number and Street City State Zip Code

**\* TO DO! Provide the High School Counselor's name, e-mail address, telephone number, student's anticipated graduation date and current Grade Point Average**

**Counselor's Name** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

\_\_\_\_\_  
Last Name First Middle Initial

\_\_\_\_\_  
Telephone Number Student's Graduation Date Student's GPA

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**All DC OneApp required documents must be mailed or hand delivered at the same time.**

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The **Office of Tax and Revenue (OTR) Authorization Form** allows the Office of the State Superintendent of Education (OSSE) to verify a valid District of Columbia D-40 tax return was filed with the DC OTR for the previous tax year. Dependent applicants must be listed on the 'Schedule S' of the D-40. The OTR Authorization Form does not verify a valid D-40 extension was filed with DC OTR. Certified D-40 extensions must be mailed or hand delivered, to the OSSE, bearing the OTR 'True Certified Copy' stamp. If a certified D-40 for the year prior to the D-40 extension was not submitted, then a certified D-40 for the year prior to the extension must be mailed or hand delivered, to the OSSE, with the D-40 extension.

The OTR Authorization Form can be found in the DC OneApp *Part 3: Sign & Mail Forms & Documents*. If the DC OneApp has already been completed, the OTR Authorization form can be found under *Review Status and Print Documents*. The form will be only available April 15 through August 29, 2008. The OTR Authorization Form is provided as a convenience to the applicant; it does not speed up the award determination. Applicants may also obtain a certified copy of the D-40 by visiting the Office of Tax and Revenue at 941 North Capitol Street, NE.

**The OTR Authorization Form**  
**must be mailed or hand delivered, to the OSSE, with an original signature**



### OFFICE OF TAX AND REVENUE AUTHORIZATION FORM

**This form will not be accepted after August 29, 2008 and must be submitted with an original signature.**  
**This Form can only be used to verify a valid D-40, not a D-40 extension.**

I do hereby affirm that the domicile of the student applicant may be established through me because (1) I am the applicant's parent, legal guardian, spouse, or other person that provides more than 50% of the student's financial support and (2) I am domiciled in the District of Columbia and it is my intention to continue to be domiciled in the District of Columbia. I also do hereby affirm that the information provided is accurate, complete, and true to the best of my knowledge, and that I understand that knowingly providing false information will make me subject to criminal and other penalties in accordance with Federal and District of Columbia laws.

**DC TAX INFORMATION**  
 The applicant on this application is listed as a dependent on my District of Columbia 2007 D-40 tax return. As checked below, I choose the following option concerning sharing of all pertinent tax data with the Office of the State Superintendent of Education.

☐ I authorize the DC Office of Tax and Revenue to forward my tax information for the years needed in determining my DCTAG, DCLEAP, DCAS and/or DCASP award eligibility to the Higher Education Financial Services, Office of the State Superintendent of Education for the applicant indicated below.

**\*TO DO! Provide the taxpayer name(s), social security number(s), and address submitted on your DC D-40 income tax returns.**

<b>Primary Taxpayer Name:</b>			<b>Social Security Number</b>
Last Name	First	Middle Initial	____ - ____ - ____
<b>Secondary Taxpayer Name:</b>			<b>Social Security Number</b>
Last Name	First	Middle Initial	____ - ____ - ____

**Taxpayer Address:**

Number and Street	City	State	Zip Code
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**\*TO DO! Provide the applicant's name and social security number submitted on your DC D-40 income tax returns.**

<b>Applicant Name</b>			<b>Social Security Number</b>
Last Name	First	Middle Initial	____ - ____ - ____

I understand I can contact the DC Office of Tax and Revenue by going to 941 North Capitol Street, NE or call (202) 727-4829, or visit its web address <http://www.dc.dfo.com/services/tax/index.shtml>.

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_


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 51 N Street, 7<sup>th</sup> Floor, Washington, DC 20005  
[www.osse.dc.gov](http://www.osse.dc.gov)

**All DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.**

The **DC OneApp Notarized Statement** is for use by applicants with special circumstances that require a legally binding statement. This document is used in place of a notarized letter and must be signed and dated by the party making the statement. The Notarized Statement must bear the official, signed and dated seal of a recognized Notary of the Public. This document can be printed from the online DC OneApp.

**The DC OneApp Notarized Statement must be mailed or hand delivered, to the OSSE, with an original signature and an original Notary of the Public Stamp**



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**DC ONEAPP 2008 – 2009 NOTARIZED STATEMENT**

**The form must be submitted with an original signature and an original Notary of the Public stamp.**

Any party making the below statement must sign and date this statement. This statement must bear the original, official, signed and dated seal of a recognized Notary of the Public.

**Applicant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ SSN: XXX-X X- \_\_\_\_\_  
(last 4 digits)

**Purpose for Notarized Statement**

☒ Domicile/residency (i.e. certified D-40 tax return, utility bill, bank statement)  
☐ Guardianship ☐ Other \_\_\_\_\_

**Explanation of Circumstances** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Review and confirm that the statement below is true with a check mark:

☒ I understand that by submitting this statement, I am giving the District of Columbia permission to verify this statement and that the information provided in this statement is true. Any person who knowingly supplies false information to a public official in connection with student residency verification shall be subject to charges of tuition retroactively, payment of a fine of not more than \$ 500, or imprisonment for not more than 90 days, or any combination thereof. The case of a person who knowingly supplies false information may be referred to the Office of the Attorney General for consideration for prosecution (DC Official Code §38-312).

**Relationship to Applicant**

☒ Self ☐ Parent/Legal Guardian ☐ Family Member ☐ Mentor/Counselor ☐ Friend ☐ Other \_\_\_\_\_

\_\_\_\_\_  
 Name (Please Print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Date

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*All DC OneApp required documents must be mailed or hand delivered at the same time*

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[www.osse.dc.gov](http://www.osse.dc.gov)

**All DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.**



In addition to the DC OneApp Application documents, the following documents must also be mailed or hand delivered, to the OSSE, with the DC OneApp. **Supporting documents will not be accepted until you have completed the DC OneApp online.**

### **Student Aid Report (SAR)**

The Student Aid Report (SAR) is a document that is obtained by completing the Free Application for Federal Student Aid (FAFSA) as administered by the U.S. Department of Education. The SAR, which is the verification of completing the FAFSA, provides important data regarding the applicant's need for federal financial assistance (i.e. loans, Pell Grant, DCLEAP and DCASP). The DCTAG and DC Adoption programs are not need-based; however, since the programs are federally funded, the OSSE requires that all applicants complete the FAFSA to ensure compliance with all federal eligibility requirements.

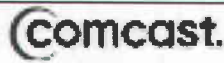
- Step 1 Complete the FAFSA by visiting [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
- Step 2 Register to receive a Personal Identification Number (PIN), which allows you to electronically sign and review the status of your application. The PIN number will be e-mailed to the applicant within three (3) to five (5) business days. If the applicant chooses to register for a PIN without providing an e-mail address, the PIN will be mailed within seven (7) to ten (10) business days.
- Step 3 If the applicant is under the age of twenty four (24) and is claimed as a dependent, the parent/legal guardian must register to receive an electronic PIN. The PIN will allow them to electronically sign the applicant's application for completion. The PIN number will be e-mailed to the parent/legal guardian within three (3) to five (5) business days. If the applicant chooses to register for a PIN without providing an e-mail address, the PIN will be mailed within seven (7) to ten (10) business days.
- Step 4 Obtain the required documents necessary to complete your application before completing the FAFSA. Federal and local income taxes must be filed by the applicant (if applicable) and/or parent/legal guardian (if a dependent applicant) before the FAFSA can be completed.

The FAFSA can be completed by visiting the FAFSA website or it can be completed by paper. Applying online is generally faster and easier because there are help-guides throughout the application. Process time for online applications is five (5) to ten (10) business days and process time for paper applications is three (3) to six (6) weeks. If you need assistance with your FAFSA contact FAFSA at 800-433-3243 or visit their website at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

**All DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.**

The OSSE will accept any one pay stub, bank or mortgage statement, gas, water, cable, home phone or electric bill as proof of utility bill. The complete name and mailing address of the applicant or parent/legal guardian must appear on the document. The documents must be no older than forty five (45) days from the DC OneApp submission date. Below are samples of utility bills the OSSE will accept.

**All** DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.



ACCOUNT  
NUMBER

DATE  
DUE

TOTAL  
AMOUNT DUE

06/16/06

\$146.58

For service at:

**How to reach us...**

Customer Service 24 hours, 7 days a week  
800-635-6100/Extended 822-5112  
Payment Ctr Mon/Wed/Fri 8-6:30  
Tuesday/Thursday 8:00am-8:00pm  
Saturday 9:30-1:00pm

**Summary of Charges**

Billed from 06/16/06 to 07/14/06

Previous Balance	146.79
Payments (includes payments received by 06/01/06)	146.79 <del>00</del>
Monthly Services	125.90
Taxes, Surcharges, & Fees	20.68

**Total Due**

**\$146.58**

Detail of Charges on back

**News from Comcast**

Please pay by the 10th to avoid a \$2.43 late fee which will appear on your next statement.



ADDRESS SERVICE REQUESTED

Please detach and enclose this coupon with your payment.  
Do not send cash. Make checks payable to:

COMCAST

Date Due	Total Amount Due	AMOUNT ENCLOSED
06/16/06	\$146.58	\$

000 06 06-B-C

Account Number

BY 01 001040 45141 B B A11586T



COMCAST  
PO BOX 1000  
SOUTH-EASTERN, PA 19209-0001



09529 110109 01 6 1 014658

**All DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.**



A PHI Company

Account No:  
Bill Issue Date:

WASHINGTON DC

Service Period: Jun 14, 2006 to Jul 12, 2006

Service Address:

**Pepco Telephone Contacts:**

Customer Care - 7am-8pm 202-833-7500  
Power Outages - Available Anytime 1-877-737-2662  
Life Threatening Emergencies - Available Anytime 202-872-3432  
Hearing Impaired (TTY) - 7am-8pm 202-872-2369  
Habla Español - 7am-8pm 202-872-4641  
Toll-Free Number (within our service territory) - 7am-8pm 1-800-424-8028  
Miss Utility (call before you dig) - Available Anytime 202-265-7177

**Meter Summary**

Meter Reading Information					
Meter No. Last Digits	Description	Previous Reading	Present Reading	Multi- plier	KWH Used
6359	Residential-R	9383	9459	10	760

The present reading is an actual reading.

Your next scheduled meter reading is August 11, 2006.

**Account Summary**

Prior Balance	\$69.88
Payments Received	\$0.00
Late Payment Charge	\$0.70
<b>Balance Forward</b>	<b>\$70.58</b>
Current Charges This Period	\$82.98
<b>TOTAL AMOUNT DUE</b>	<b>\$153.56</b>

After Aug 7, 2006, a Late Payment Charge of \$1.89 will be added, increasing the amount due to \$155.45.

We had not received payment to make your account current at the time your bill was prepared.

It is important to pay the full billing amount by the due date. Repeated late payments can result in a deposit requirement and/or further collection action.

You can pay with a major credit card by calling BillMatrix, Inc at 1-800-960-1242. BillMatrix charges a fee for this convenience.

If you are moving or terminating service for any reason, call Pepco in advance. For an actual reading for your final bill, you must provide at least three days advance notice. You are responsible for payment for all service rendered through the date you notify Pepco that you want your account closed.

12 - 0002196

PLEASE DETACH HERE AND RETURN THIS PART WITH YOUR PAYMENT OR PAY ONLINE AT WWW.PEPCO.COM

Service Address:

**Please make your payment payable to Pepco**  
Write your Account No. on your payment

AMOUNT PAID

\*\*\*\*\*AUTO\*\* 5-DIGIT 20002

Due Aug 7, 2006 \$153.56  
Due After Aug 7 \$155.45

WASHINGTON DC 20002-3526

Past Due Notice

9150404101100000070580000155450807060000153560001504041011

**All DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.**





Washington  
Gas



### ACCOUNT INFORMATION

Service Address:	Gas Use	Reading	Date	Method
Mailed	Current Reading	4697	06/08/06	READ BY CO.
Account Number	Previous Reading	4695	05/09/06	READ BY CO.
Meter ID No.	CCF of Gas Used	2		
Rate Class	Unmetered Gas Light (CCF)	+		
Level	Total CCF of Gas Used	2		
Next Meter Reading Date	Conversion Factor	X 1.031		
Days in This Billing Period	Total Therms (TH) Used	2.1		

### 12-MONTH ENERGY USE HISTORY

Mo/Yr	HDD	Th	Mo/Yr	HDD	Th
05/06	123	4	11/05	216	13
04/06	396	51	10/05	5	2
03/06	767	88	09/05	0	2
02/06	636	77	08/05	0	1
01/06	851	69	07/05	0	2
12/05	639	83	06/05	99	3
Total TH					395

### GAS USAGE DETAIL

TOTAL THERMS USED	2.1
DISTRIBUTION SERVICE	
DISTRIBUTION CHARGE	
2.1 TH @ \$.3381	0.71
CUSTOMER CHARGE	7.85
DC RIGHTS-OF-WAY FEE	0.05
NATURAL GAS SUPPLY SERVICE	
PGC @ \$.7903	1.66
NATURAL GAS TRUST FUND	
CHARGE	0.01
STATE & LOCAL	
DELIVERY TAX	
@ .070300	0.15
TOTAL GAS CHARGES	\$ 10.43

### CHARGES

PREVIOUS BILL AMOUNT	55.62
PAYMENTS RECEIVED	55.65
CHARGES THIS PERIOD	
GAS USAGE	10.43
OVERPAYMENT	-0.03
TOTAL THIS PERIOD	10.40
TOTAL DUE	\$ 10.40

TO AVOID LATE PAYMENT CHARGES, FULL  
PAYMENT MUST BE RECEIVED BY THE  
DUE DATE.

THE BUDGET PLAN CAN HELP YOU MANAGE HEATING COSTS.  
CALL THE AUTOMATED LINE AT 703-750-7944 TO ENROLL TODAY.  
PAYMENTS NOT RECEIVED BY THE DUE DATE SUBJECT THE ACCOUNT TO  
A SECURITY DEPOSIT WHERE PERMITTED BY REGULATION.

**Important customer information is on the back of this bill.**

Please detach this stub and return with payment. Make check payable to **WASHINGTON GAS** or pay online at [www.washingtongas.com](http://www.washingtongas.com).



Washington  
Gas

101 Constitution Avenue, NW  
Washington, DC 20080  
202-624-6049 • 703-750-1000  
ADDRESS SERVICE REQUESTED



**Washington Area Fuel Fund**  
Check box and include donation  
with payment. (If you have  
previously pledged a donation,  
do not check box.)

Donation Amount \$

Account No.

Due Date 07/05/06

Amount Due \$ 10.40

Amount Paid

\$



**Mailing Address or Name Change?**

Please check box and complete form on back.

\*\*\*\*\*AUTO\*\* 5-DIGIT 20002



WASHINGTON DC 20002

Washington Gas  
PO Box 830036  
Baltimore, MD 21283-0036

0154258024000104000010401

**All DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.**

## Utility Letter

If the utility is included in the applicant's or parent/legal guardian's rent, a letter (see example below) or a lease including a clause stating that utility is included in the rent may be mailed or hand delivered, to the OSSE, in place of a utility bill.

**PARK SOUTHERN APARTMENTS**  
800 Southern Avenue S.E. • Washington, DC 20032  
Phone: (202) 561-4600 • Fax: (202) 561-4638

Date \_\_\_\_\_

State Education Office  
441 4<sup>th</sup> Street NW, Suite 350N  
Washington, DC 20001

To Whom It May Concern:

This letter is to verify that DOMICILED PERSON'S NAME has resided at NAME OF APARTMENT, CO-OP OR CONDOMINIUM from DATE RENTAL BEGAN through CURRENT DATE.

Street Address  
Apartment #  
Washington, DC ZIP

DOMICILED PERSON'S NAME pays rent that includes the apartment's utilities.

If you have any questions, please feel free to call the rental office at (202) 561-4600.

Thank you,

*Manager's Signature*

Manager's Name \_\_\_\_\_  
Title \_\_\_\_\_

**All** DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.



# Pay Stub

CO. FILE DEPT. CLOCK VCHR. NO. 052  
BY3 000222 009 0000190045 1

WASHINGTON, D.C.

Taxable Marital Status: Single  
Exemptions/Allowances:  
Federal: 6  
State: 6 (Head of Household)

Social Security Number: XXX-XX-

Earnings	rate	hours	this period	year to date
Regular Time	1148.06	86.66	1,148.06	
<b>Gross Pay</b>			<b>\$1,148.06</b>	10,461.76

Deductions	Statutory	Other	
Federal Income Tax	-11.33		114.89
Social Security Tax	-66.57		607.13
Medicare Tax	-15.57		141.99
DC State Income Tax	-32.05		297.50
Annuity	-25.00*		225.00
Checking	-822.63		
Dental	-25.38*		228.42
Life	-39.54		359.86
Medical	-49.00*		441.00
Savings	-50.00		
Short Term Dis	-10.99		
Reimbursement			675.98
<b>Net Pay</b>		<b>\$0.00</b>	

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$1,048.68

**Earnings Statement**

Period Ending: 05/15/2006  
Pay Date: 05/15/2006

WASHINGTON, DC

ADP

—  
—  
—

© 2003 Automatic Data Processing, Inc.  
TEAR HERE

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

Advice number: 00000190045  
Pay date: 05/15/2006

WASHINGTON, D.C.

Deposited to the account of	account number	transit ABA	amount
	22740	2540 7536	\$50.00
	1343251851	2550 7198	\$822.63

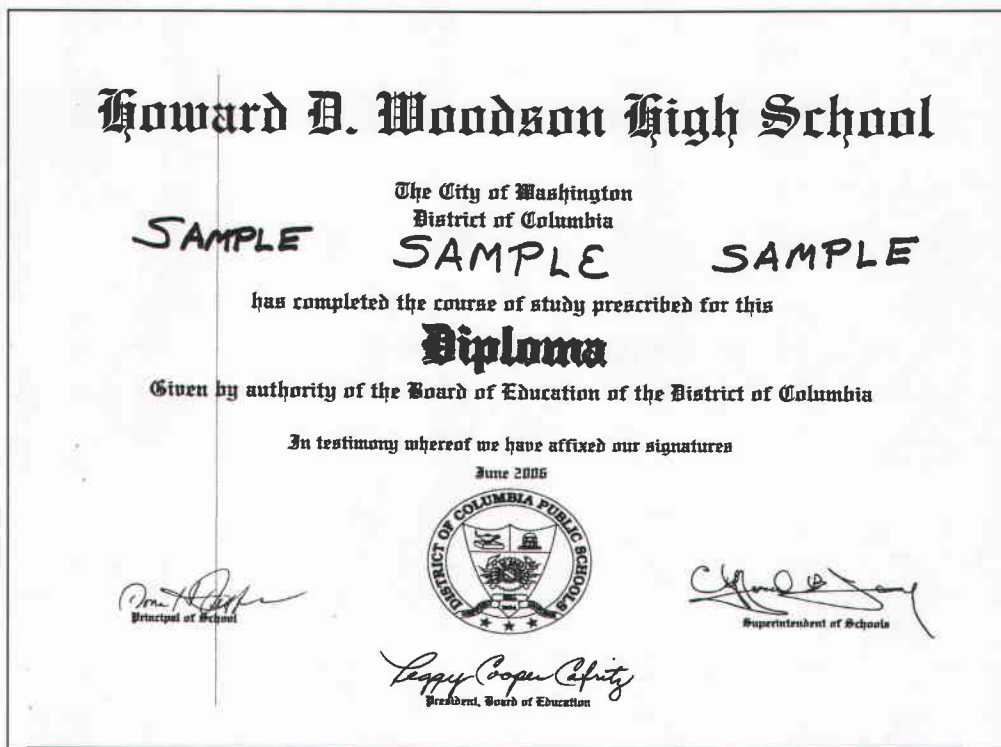
THIS IS NOT A CHECK

NON-NEGOTIABLE

**All** DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.

## Proof of High School Graduation

OSSE will accept a copy of a high school diploma (see below example), a General Equivalency Diploma (GED) certificate or a signed copy of the Satisfactory Academic Progress Toward Graduation (SAP) Form. These documents are only needed for first time applicants.



**All** DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.

## Domicile Verification

Verification of domicile is determined primarily through the D-40 Income Tax Return, which is certified by the DC Office of Tax & Revenue (OTR). All pages of the D-40, including the Schedule S which lists the dependent applicant, must be mailed or hand delivered, to the OSSE. Certified D-40s can be obtained by visiting the **DC Office of Tax and Revenue** located at **941 North Capitol Street, NE, Washington, DC 20002**. Applicants can also complete and submit an OTR Authorization Form found in the DC OneApp. [The OTR Authorization Form is only available from April 15 to August 28, 2008.] The OTR Authorization Form is used to verify that a valid D-40 tax return.

The OTR Authorization Form cannot be used to verify that a valid D-40 extension was filed. Certified D-40 extensions must be mailed or hand delivered, to the OSSE, bearing the OTR 'True Certified Copy' stamp. If a certified D-40 for the year prior to the D-40 extension was not submitted, then a certified D-40 for the year prior to the extension must be mailed or hand delivered, to the OSSE, with the certified D-40 extension. The OTR Authorization form is provided as a convenience to the applicant and may not result in a speedy award determination.

SEN 2032879809000007 DLN 2032879809001  
 Government of the District of Columbia  
 2002 D-40 Single Individual Income Tax Return

1032879801  
 030400411030

Personal Information  
 Mark if your address is different than your last return  
 Amended return Filing for a deceased taxpayer  
 Your First Name MI Last Name  
 Spouse's First Name MI Last Name  
 Your Social Security Number Spouse's Social Security Number Your Optimal Phone Number  
 Home Address (number and street) If foreign address use Schedule S. Apartment Number  
 City WASHINGTON State DC ZIP

Filing Status  
 1 Single Married filing jointly Married filing separately Dependent claimed by someone else  
 Married filing separately on same return. Lines 3 through 43 are combined amounts. Attach Calculation J.  
 X Head of household. Name of qualifying person who is not your dependent appears on Schedule S. Attach Schedule S.

2 Part-year resident. Number of months of DC residency.  
 Income. Amounts for lines 3 through 12 are from your federal return. Some types of income reported on your federal return are not listed on your DC return, but are included in your federal adjusted gross income. If amount is zero, leave line blank.

3 Wages, salaries, tips, etc.	4	
4 Taxable interest	4	
5 Ordinary dividends	5	.00
6 Business income or loss. Attach copy of federal Schedule C, C-EZ or F. Mark if loss: Federal employer ID	6	.00
7 Capital gain or loss. Attach copy of federal Schedule D. Mark if loss:	7	.00
8 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach copy of federal Schedule E. Mark if loss:	8	.00
9 Other income. From 1040, line 21. Mark if loss:	9	.00
10 Federal total income. Mark if loss:	10	
11 Adjustments. Attach copy of page 1 of 1040 or 1040A.	11	.00
12 Federal adjusted gross income. Mark if loss:	12	
13 Subtractions from federal adjusted gross income. From Calculation A. a Amount you paid to DC college savings plan this year b For part-year residents, income received while residing outside DC.	13	.00
14 Add line 13 and 13a, then subtract from line 12. Mark if loss:	14	
15 Additions to federal adjusted gross income. From Calculation B.	15	.00
16 DC adjusted gross income. Line 14 plus line 15. Mark if loss:	16	

Revised 10/02 DC42912 01/14/03  
 2002 D-40 SUB P1

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## Domicile Verification

Individuals who have non-taxable income must submit verification of that support with their name and address. These documents must reflect 12 full months of support for the prior calendar year. Examples of taxable and non-taxable domicile verification documents may include Temporary Assistance for Needy Families (TANF), Social Security Income (SSI).

## TANF Benefit History

* INFO * : MORE PAGES EXIST															
FSBH FS BENEFIT HISTORY															
CASE NAME:															
CASE NUMBER:															
-----ALLOWABLE DEDUCTIONS-----															
S															
HOUSEHOLD GROSS STD EXCESS DEP SHELTER U BEN NET ISS															
MONTH	SIZ	TYP	CTB	INC	DED	%DED	MED	CARE	COST	A	TYP	AMT	RCP	BEN	IND
0806	01	REG	0	0	0	0	0	0	0	0	RE	152	0	152	PM
0706	01	REG	0	0	0	0	0	0	0	0	RE	152	0	152	PM
0606	01	REG	0	0	0	0	0	0	0	0	RE	152	0	152	PM
0506	01	REG	0	0	0	0	0	0	0	0	Y RE	152	0	152	PM
0406	01	REG	0	0	0	0	0	0	0	0	Y RE	152	0	152	PM
0306	01	REG	0	0	0	0	0	0	0	0	Y IN	152	0	152	PD
0206	02	REG	0	0	0	0	0	0	0	0	RE	278	0	278	PM
0106	02	REG	0	0	0	0	0	0	0	0	RE	278	0	278	PM
1205	02	REG	0	0	0	0	0	0	0	0	RE	278	0	278	PM
1105	02	REG	0	0	0	0	0	0	0	0	RE	278	0	278	PM
1005	02	REG	0	0	0	0	0	0	0	0	RE	278	0	278	PM
0905	02	REG	0	0	0	0	0	0	0	0	Y RE	274	0	274	PD
0805	02	REG	84	84	0	0	0	0	0	0	Y RE	274	0	274	PM
0705	02	REG	84	84	0	0	0	0	0	0	Y RE	274	0	274	PM


## Social Security Income

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT		
• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name		Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid in 2005	Box 4. Benefits Repaid to SSA in 2005	Box 5. Total Taxable Benefits
\$8,138.40	NONE	\$8,138.40
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit \$7,200.00 Medicare premiums deducted from your benefit \$938.40 Total Additions \$8,138.40 Benefits for 2005 \$8,138.40		NONE

**All** DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.

## Adoption Decree

This documentation only applies to DC Adoption Scholarship (DCAS) applicants, who were adopted through the DC Child and Family Services Agency on/or before October 2001. Applicants must provide a copy of the Final Decree of Adoption provided by the Family Court division of the Superior Court of the District of Columbia.

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA FAMILY COURT DOMESTIC RELATIONS BRANCH - ADOPTION	
EX PARTE IN THE MATTER OF THE PETITION OF K.B. FOR ADOPTION OF MINOR CHILD.	Adoption Case No. _____ Judge Linda D. Turner
FINAL DECREE OF ADOPTION	
<p>Upon consideration of the Petition for Adoption filed by _____ for the adoption of a minor male child, currently named _____ born December 16, 1988, in Washington, D.C., and the report and recommendation of the Child and Family Services Agency of the District of Columbia, it appears to the satisfaction of the Court: (1) That the adoption form has been completed pursuant to section 10 of the Vital Records Act of 1981, <u>See</u> D.C. Code § 7-209 (2001); (2) That the adoptee at all times material to this cause has been in the legal care, custody and control of the Child and Family Services Agency of the District of Columbia; (3) That the adoptee is physically, mentally and otherwise suitable for adoption by the petitioner; (4) That the petitioner is fit and able to give the adoptee a proper home and education; (5) That the adoption will be for the best interests of the adoptee; (6) That the adoptee has resided with the petitioner since April 9, 1999; (7) That there has been compliance with the applicable provisions of the Interstate Compact on Placement of Children Authorization Act of 1989. <u>See</u> D.C. Code Ann. §§ 4-1421 to 4-1424 (2001)</p> <p>Accordingly, it is now by the Court this _____ day of November, 2002.</p> <p><b>ORDERED, ADJUDGED AND DECREED:</b></p> <p>1. That a Final Decree of Adoption be and is hereby entered establishing the legal relationship of natural parent and natural child for all purposes between Katharine Braxton, the adopter, and Omarl Rubin Drummer, the adoptee, to the same extent as if he had been naturally born to the adopter.</p> <p>2. That the name of the adoptee be and is hereby legally changed to Omarl Rubin Braxton.</p> <p>3. That the Clerk of this Court is hereby authorized and directed to furnish four (4) certified copies of this Final Decree of Adoption to the adopter through her counsel of record in this matter.</p> <p> Judge Linda D. Turner Adoptions Judge</p> <p>A TRUE COPY TEST: <u>11-20-02</u> Date, Director of Dept. of the District of Columbia By: <u>C. B. B. B.</u> Clerk of Court</p>	

All DC OneApp required sup  
time, to be considered for an

livered to the OSSE, at the same



## Death Certificate

This document applies to the DC Adoption Scholarship (DCAS) applicants, who lost one or both parents as a result of the events of September 11, 2001.

Read this carefully. This certificate should be filled out by the physician or medical examiner who attended the deceased or by the funeral home. It should be submitted to the Office of the Registrar of Deaths within 10 days of the death. If the death is a result of a homicide, it should be submitted to the Office of the Chief Medical Examiner. If the death is a result of a suicide, it should be submitted to the Office of the Chief Medical Examiner. If the death is a result of a natural cause, it should be submitted to the Office of the Registrar of Deaths.

**FILE DATE** April 1988 **CERTIFICATE OF DEATH** No. 87-009114

1. NAME OF DECEASED First Middle Last April Blanton			2a. DATE OF DEATH Month Day Year December 20, 1987		2b. Hour of Death 1:05 AM
3. SEX Male	4. RACE Black	5. Never Married, Married, Widowed, Divorced, Separated, or Single	6. DATE OF BIRTH Month Day Year 22	7. AGE (in years, months, days, hours, minutes) If Under 1 Yr. If Under 24 Hrs. 31	
8. PLACE OF DEATH IN Washington, D.C. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (If not in institution, give street address)			9. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE D.C. b. COUNTY		
			c. CITY Washington, DC 20032 INSIDE CITY LIMITS d. STREET ADDRESS (If rural, give location)		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Escort		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) District of Columbia		
12a. CITIZEN OF WHAT COUNTRY? United States		12b. Origin or descent	12c. Hispanic <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF SURVIVING SPOUSE		
15. Ever in U.S. Armed Forces? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. SOCIAL SECURITY NO.	17a. INFORMANT RELATIONSHIP TO DECEASED	17b. ADDRESS Street City State	
18. CAUSE OF DEATH: (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), state by the underlying cause last. DUE TO (c) Chronic Renal Failure PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to the terminal disease condition given in part I (a) SQUAMOUS CELL CARCINOMA CERVIX IN 19a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 19b. If Yes, Were Findings Considered in Determining the Cause of Death? 3-4-Weeks IF OPERATION WAS PERFORMED COMPLETE ITEMS 20a and 20b 20a. DATE OF OPERATION 20b. CONDITION FOR WHICH OPERATION WAS PERFORMED					
21a. Specify if accident, suicide, homicide, or manner undetermined		21b. HOUR AND DATE OF INJURY: Month, Day, Year M	21c. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II)		
21d. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		21e. PLACE OF INJURY: (A) Home, Farm, Factory, Street or Office Building, Etc.	21f. LOCATION CITY COUNTY STATE		
22. I certify that (I) (this hospital) attended the deceased from 4 August, 1987, to 20 December, 1987, that (I) (we) last saw the deceased alive on 20 December, 1987, and that death occurred from the causes and on the date and hour stated above.					
22a. SIGNATURE Dr. [Signature]		22b. DATE SIGNED 21 December 1987		22c. PHYSICIAN'S NAME (Type)	
22d. ADDRESS					
23a. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> 12-23-87		23b. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory	23c. LOCATION (City, town, or county) (State) Suitland PG Maryland		
24. FUNERAL HOME Mason Funeral Home ADDRESS 661 Goodhope Rd. SE, Washington, DC		25a. UNDERTAKER'S SIGNATURE 25b. UNDERTAKER'S REGISTRATION NUMBER 846			
REMARKS: Marie-Louise J. Marie-Louise, 40 12.23.87 * If under 4 years, Enter Place of Birth-Hospital, or Address if not in hospital.					
I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL CERTIFICATE FILED WITH THE VITAL RECORDS BRANCH, DEPARTMENT OF HUMAN SERVICES, DISTRICT OF COLUMBIA. January 13, 1988 DATE ISSUED NOT VALID WITHOUT RAISED SEAL WARNING: It is Unlawful to make copies of this document and present them as an original, certified copy, or copy of a vital record. John H. Crandall JOHN H. CRANDALL, CHIEF VITAL RECORDS					

All DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.



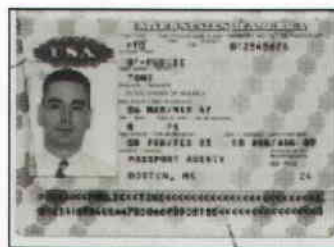
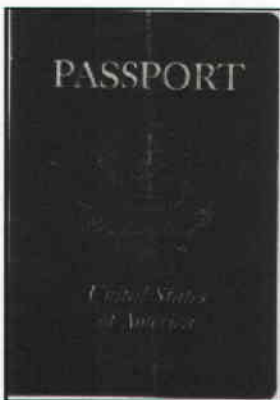
## United States of America Residency Verification Documents

These documents may be required for applicants who were not born in the United States of America. There are two reasons they may need to be mailed or hand delivered, to the OSSE, with the DC OneApp:

1. The SAR has flagged the applicant for additional documents as outlined by the U.S. Department of Homeland Security or Social Security Administration (explanation can be found on Page 3 of the SAR)
2. The applicant's parent/legal guardian has an Eligible Non-citizen status.

### For citizens not born in the U.S. (Non-Citizen Nationals)

**U.S. Passport** can be used to document citizenship for individuals born abroad. For a non-citizen, it must be stamped "Non-citizen National." (Note: a passport issued by another country may be used to document permanent resident status if it has the endorsement "Processed for I-551" and has a valid expiration date.)



**Certificate of Citizenship** is issued to persons who were born abroad to, or adopted by U.S. parent(s), who became citizens through naturalization.



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**Certificate of Naturalization** is issued to naturalized U.S.citizens.



**All** DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.

## For Permanent Resident/other Eligible Noncitizen

**I-94 Arrival-Departure Record** acknowledges a permanent resident's status. This document must be stamped "Processed for I-551" with expiration date or "Temporary Form I-551". For other eligible non-citizens, the document must be stamped as Refugee, Asylum Status, Conditional Entrant (before April 1, 1980), Parolee, or Cuban-Haitian Entrant.

Departure Number  
**742831632 01**

U.S. IMMIGRATION  
200 245 127

SEP 13 1991

Immigration and  
Naturalization Service

I-94  
Departure Record

ADMIT CLASS **B-2**  
UNTIL **MARCH 16, 1992**

1. Family Name  
**DOE**

2. First Name  
**JOHN**

3. Country of Citizenship  
**ENGLAND**

4. Birth Date (Day Mo. Yr.)  
**01/01/91**

See Other Side **STAPLE HERE**

**Warning:** A nonimmigrant who accepts unauthorized employment is subject to deportation.

**Important:** Return this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your entry into the U.S. on the future. You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from immigration authorities, is a violation of the law.

**Surrender this permit when you leave the U.S.:**

- By air or sea, to the transportation agent.
- Across the Canadian border, to a Canadian Official.
- Across the Mexican border, to a U.S. Official.

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 prior to surrendering this permit.

**Record of Changes**

Port: \_\_\_\_\_  
Date: \_\_\_\_\_  
Class: \_\_\_\_\_  
Flight A/Ship Name: \_\_\_\_\_

For sale by the Superintendent of Documents, U.S. Government Printing Office  
Washington, D.C. 20540

**Form CBP I-94A** is the computer-generated form that replaced – in many cases , but not all — the Form I-94A.

Departure Number  
**813106636 11**

Department of  
Homeland Security

CBP I-94A (11/04)  
Departure Record

**Class of Admission**

**Officer Badge number**

**Date Admitted to**

**09/17/2007**

Family Name  
**SAMPLE**

First Name  
**AHMET**

Country of Citizenship  
**PAKISTAN**

Birth Date (Day Mo. Yr.)  
**22, 12, 50**

**20041122 US-VISIT 20041122 MULTIPLE**

See Other Side **STAPLE HERE**

**Front of Form CBP I-94A**

**All DC OneApp required supporting documents must be mailed or hand delivered to the OSSE, at the same time, to be considered for an award.**



### For Permanent Resident

**Alien Registration Receipt Card I-151(front and back view)** was issued prior to permanent residents, prior to June 1978. While it is no longer issued, it is still valid. It is often referred to as a “green card” although it is not always green.



**Resident Alien Card I-551(three versions, front only):** Issued to permanent residents. The I-551 is a revised version of the I-151. Often referred to as a “green card” though it is not always green. The “Conditional Resident Alien Card” is an I-551 that is issued to conditional permanent residents such as alien spouses. This card is identified by a “C” on the front and has an expiration date on the back.



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